

THE FUNCTIONS OF NARRATIVE FOR THE
INDIVIDUAL IN ALCOHOLICS ANONYMOUS

by

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B.S., Kansas State University, 1984

A THESIS

submitted in partial fulfillment of the

requirements for the degree

MASTER OF ARTS

Department of Speech

KANSAS STATE UNIVERSITY
Manhattan, Kansas

1988

Approved by:



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ACKNOWLEDGMENTS

I would like to recognize my parents, Howard and Elizabeth Dye, for their constant love and support.

CHAPTER ONE: INTRODUCTION

Whether it be a case study in a business student's lesson or in the parable contained in a sermon, people express and learn about ideas, values, and expectations through stories.¹ Humans are storytellers and the stories they tell serve many important social functions.²

The body of myth native to any given culture helps to bind its members together by creating a shared reality in which certain values are celebrated.³ Stories teach moral lessons and promote appropriate behavior by packaging a culture's norms in a form that can be easily remembered by young and old alike. In so doing, stories provide easily accessible explanations for "the way things are," while offering guidance and motivation to the individual.⁴

A culture's body of narrative cannot be understood apart from the needs for which it was created. Why do individuals create and continue to make use of particular narratives? How does narrative function to guide and to motivate the behavior of individuals within a particular society? These are questions whose answers remain illusive, but worth pursuing. For just as our stories mold us, so our stories may be explored in order to understand the qualities which make us human. As we begin to understand how we "act" through our stories, we may begin to understand more about the sources of human motivation.

In order to study the functions of narrative, an example of a culture with an established body of narrative, and in which the individual members use of narrative may be examined is needed. Several aspects of Alcoholics Anonymous make it a prime subject for such a study. First, A.A. presents a compact and comprehensible example of how narrative defines and directs a society. In fact, story-telling is "the core therapeutic process" in A.A.⁵ Second, the purpose of the group is clearly defined: sobriety. A.A. exists to help people stay sober. Third, even though A.A. is an organization with a single goal, it is not constrained by a stifling structure. The social structure allows for growth and change as seen in the inclusion of multiple substance abusers which permits the evolution of narrative. Fourth, A. A. is an ideal subject for study as it has produced an established body of public discourse.

PURPOSE OF STUDY

Through the study of A.A. narrative, this thesis will explore the function of narrative for individuals. The remaining portion of this chapter will be devoted to A.A.'s history and method. The second chapter will describe A.A. narrative in its form and content. The third chapter will present a typology of functions of narrative. The fourth chapter will summarize and discuss the findings of the study.

A. A. HISTORY

Alcoholics Anonymous developed from the sobriety-maintaining methods of Bill Wilson.⁶ Wilson was an alcoholic Wall Street adventurer who began heavy drinking during the flush years between W.W. I and the market crash of 1929. Wilson's inability to control his use of alcohol eventually destroyed his health and business prospects.

In 1934, after a series of cures and dry-outs, Wilson found himself in the hospital under the care of Dr. William D. Silkworth. Dr. Silkworth, a progressive physician who described alcoholism as "allergy plus an obsession,"⁷ declared Bill a hopeless alcoholic bound for early death or alcoholic insanity. Upon his release from the hospital, Wilson resumed his drinking behaviors.

Later in that year an old drinking buddy of Wilson's, "Ebby T"e paid a visit. When offered a drink, Ebby declined, stating that he had found religion through the Oxford Group, a non-denominational Christian organization that existed to help people live a Christian lifestyle within their own denomination. He proceeded to tell his story of drinking and recovery. Bill scoffed at all religious ideas and dismissed Ebby as a nut. Yet, Bill also made note of Ebby's serenity and health.

After this reunion, Bill again landed in the hospital under Dr. Silkworth's care. Ebby visited Wilson and again relayed the Oxford Group's methods for sobriety. Bill,

having a change of heart, began praying for help and subsequently had a profound spiritual experience. Thereafter, Bill felt that he was being guided and aided by a higher power in order to overcome alcohol's control over his life.

Bill and his wife began attending Oxford Group meetings. In order to put his beliefs to work, Bill set out to save other alcoholics with his religious message. Though he had no success at leading others to sobriety, Bill felt that he gained great strength and resolve in simply relaying his life story and method of recovery. Dr. Silkworth suggested that Bill downplay the religious aspects of his method. Regardless, Bill realized that in order to stay sober, he had to talk to another alcoholic to reinforce his resolve.

In 1935, Bill was in Akron, Ohio involved in a losing proxy fight for a rubber industry company. Bill remained in Akron after the fight was lost and found himself in a hotel lobby with a bar at one end and a phone at the other. The inviting sounds of laughter and the friendly clinking of glasses began to overpower him. Bill knew that would be safe only if he had someone to talk to. He went to the phone directory to find someone in the Oxford Group. After a series of phone calls, he was led to Henrietta Seiberling.

Mrs. Seiberling felt that this was her opportunity. She had an alcoholic friend in the Oxford Group who needed the kind of help she could not give. She made arrangements for Bill to meet Dr. Robert Smith. "Dr. Bob" was a proctologist of whom it was said, "when you go to Dr. Smith, you really bet your ass!"⁹ Dr. Bob had progressed far enough to confess to his Oxford Group that he had a drinking problem. Yet, it was with reluctance that he came to meet Bill this first time.

This visit was the birth of what was to become Alcoholics Anonymous. At this first meeting between Dr. Bob and Bill W., both found that the most important thing was the sharing of their alcoholic experiences. For the first time, Dr. Bob met someone who knew exactly what he had gone through. Dr. Bob stated what was to be repeated many times in A.A.: "He talked my language."¹⁰ Dr. Bob decided to give Bill's method a chance.

Bill stayed with Dr. Bob for a time while the two tried to save others using the method of sharing experiences without moralizing. They finally found their first convert in Bill D. A.A. began developing as a method and as a culture. Yet, it would not be until 1937 with groups established in Akron and New York City that Bill W. and Dr. Bob would be sure that the A.A. way could succeed in leading alcoholics to sobriety.

A.A. STRUCTURE AND METHOD

Alcoholics Anonymous began as a special branch of the Oxford Group formed for the salvation of alcoholics. Those at Akron were most closely associated with the Group. Eventually, the Oxford Group's increased use of "group guidance"¹¹ for individual decision making caused alarm among many alcoholics. As a result, the New York branch separated from the Oxford Group in 1937. This upset many members in Akron who, nevertheless, also broke the Oxford association in 1939. The separations from the Oxford Group marked the birth of A.A. as an independent and self-governing group.

Alcoholics Anonymous' organization was developed in the period of 1936-39 and has changed little since.¹² In those years the book Alcoholics Anonymous was written as were the "Twelve Steps", the basic guides to A.A.'s purpose and method (see Appendix). By 1939 all A.A. groups were fully independent of the Oxford Group and A.A. had achieved a unique identity.

Alcoholics Anonymous reflects its early roots in the Oxford Group. This is especially true with respect to the assumptions A.A. makes about the alcoholic as a person. the Oxford Group had been founded upon six basic beliefs: 1) men are sinners; 2) men can change; 3) confession is prerequisite to change; 4) the changed soul has direct

access to God; 5) the Age of Miracles has returned; 6) those who have "changed" must "change" others.¹³

Slogans and key words were also significant to the Oxford Group's rhetoric. Key words such as the "5 C's": Confidence, Confession, Conviction, Conversion, and Continuance made easily remembered rallying points for group members.¹⁴ The "5 C's" embodied the basic assumptions of the group and conveyed its principles of identification to those within and without the group itself.

The meetings of the Oxford Group were more like get-togethers than church services. The members would meet in small groups in houses where they could discuss problems and strategies for living a better life. There were no formal settings, no specific theological positions were taken by the group. Those who met desired to live a changed life which focused on the positive rather than the negative.¹⁵

Reflecting its roots in the Oxford Group, A. A. counsels its members to: 1) surrender to God or a higher power, 2) listen to the higher power's directions, 3) check their practices with others, 4) make restitution for wrongs done, 5) share personal experiences for witness and for confession.¹⁶

As A. A. evolved from a religious organization, it would stand to reason that some characteristics of a

religion would remain. A religion typically develops a body of ritual, creed and doctrine. A.A. has its creeds and doctrines too as outlined in Alcoholics Anonymous and in Twelve Steps and Twelve Traditions. In addition, A.A. employs many Judeo-Christian rituals. The most obvious example is the use of the Lord's Prayer to close most group meetings. Even though A.A. resembles a religion in some respects, it is not a religion, nor a substitute for religious belief. However, A.A. does work through the "spirituality" of its members.¹⁷

A.A. conduct is guided by the Twelve Traditions (see Appendix One). These traditions outline appropriate behavior for the individual, the local group and the central organization. Following Tradition Four, the organization of Alcoholics Anonymous is loosely woven around the independent groups of members and the central organization. Each group is autonomous and is free to do as it wants as long as it stays within the tenets of the Twelve Traditions and does not interfere with other groups or A.A. as a whole.¹⁸

The central organization is directed by a board of trustees which follows the bidding of the local groups. This board consists of fourteen A.A. members and seven non-A.A. persons. The non-alcoholics are the only ones who handle the board's monetary dealings on the chance that one of the A.A. trustees might "fall off the wagon."¹⁹ A.A.

is self supporting in that it accepts no outside money. Additionally, members' donations are limited to \$1000 per year to protect A.A. from strong individual influence.²⁰

A.A. is an organization that exists only to help alcoholics maintain sobriety. Membership depends solely on a desire to quit drinking. Alcoholics Anonymous is not a temperance organization nor is it a group that promotes prohibition of any sort. A.A. believes that it is an allergy plus obsession that causes the alcoholic to lose control over his drinking. A.A. does not condemn the use or enjoyment of alcohol per se. However, it takes the position that alcoholics are people who cannot stop drinking once they have started and who must, therefore, never consume alcohol again.²¹

Anonymity is a major directive in A.A. Anonymity keeps the alcoholic humble, it protects the alcoholic and those close to him and it protects A.A. if a member slips.²² Bill Wilson felt that an alcoholic who goes public would "become inflated," might get drunk again and harm the credibility of A.A.²³ It was safer for A.A. and its members, he believed, if all stayed anonymous.

A closer look at the Twelve Traditions can reveal how narrative helps to direct and control the individual's and group's behaviors. Of special interest in this regard are those traditions which speak specifically about the communication of A.A. members to others within and without

the group. For example, Tradition Five states that the method of A.A. should be spread to others in need. A.A. members are told to bring others into association with A.A. By telling their stories, A.A. members are able to gain more strength and A.A. might gain more members.²⁴ Additionally, Tradition Ten specifies that A.A. takes no positions on any outside issues. All public statements by group members are centered around A.A.'s method of attaining and maintaining sobriety. Similarly, stories told within the group itself always center around drinking and its consequences.

The road to sobriety is marked by the Twelve Steps (see Appendix One). Bill W. did not agree with all of the Oxford Group's methods. However, as noted earlier, he did feel that the following Oxford Group ideas were necessary for the recovery of any alcoholic: a moral inventory; confession of personality defects; restitution to those harmed; helpfulness to others; necessity of a belief in and a dependence on God.²⁵ These ideas were the foundation of the Twelve Steps. Narrative is the primary tool used for "working" Steps One, Four, Five, Eight, Ten, and Twelve.

Step One of the Twelve Steps urges the alcoholic to admit his powerlessness over and defeat by alcohol. As denial is the most formidable barrier to sobriety, this admission is most important.²⁶ The alcoholic has to reach a point of hopelessness before denial ends and recovery may

begin. The relaying of personal histories aids those who have not reached this point. A drinker can be led to know his own true nature by an A.A. member relaying his own story of despair and hope. A.A. holds that the drinker is never the same once the nature of alcoholism has been clearly described to him.²⁷

Step Four, taking a moral inventory, can be made easier for the beginner by the old-timer relaying his own faults and the common and uncommon excuses and alibis often used. The old-timer can show that the newcomer is not unique. The drinker who denies the existence of a problem can also benefit by the confession of another; the alcoholic who denies his own faults may begin to come to terms with them. By hearing another's confession, the newcomer finds that fears can be overcome and that he is not alone.²⁸

The Fifth Step, "admitting to another the exact nature of our wrongs" is, according to A.A., the most important step. It is only completed when the drinker is able to tell someone else his life story in whole. In A.A., such a confession represents an act of complete surrender which is vital to the drinker's recovery. A.A. believes that confession to another reinforces the drinker's honesty with himself. Only by confession can the drinker stay sober. However, the speaker must be completely honest about himself without hurting others.²⁹ A surrender must be made

and it must be made to someone else; an audience is necessary for confession to be made.³¹

After this confession, the newcomer is able to accept forgiveness. But, until the confession is made and the stories or confessions of others are heard, the drinker is not considered a full-fledged member of the group. Sharing by speaking and listening dissolves the feeling of being alone, of separateness, of isolation.³²

Steps Eight and Nine deal with making amends to those who have been harmed through the drinker's behavior. In both instances, the drinker is forced again to confess and to take action to right past wrongs to the best of his ability. Not only does the drinker have to confess to sympathetic alcoholics, he also has to confess to those who have had to bear consequences of his drunken behavior. Having listeners is necessary for the steps to be completed.³³ Step Ten is a continuance of Steps Four and Five. The alcoholic is expected always to take moral inventories of himself, periodically reappraise his behaviors and attitudes, and confess his failures to others.³⁴

The Twelfth Step makes obvious use of narrative. "Twelfth Stepping" is the task of taking the A.A. story to others. Old-timers are reinforced by the repetition of their own stories of drinking, downfall, and recovery. A.A. believes that the retelling of one's life is an

imperative to staying sober; faith without works is dead. It also serves the purpose of introducing the newcomer to the methods and beliefs of Alcoholics Anonymous.³⁵ The format of a Twelveth Step encounter is: 1) general conversation, 2) A.A. member tells about his own drinking, 3) without moralizing, he discusses the hopelessness of drinking, 4) he introduces A.A., the solution to the problem.³⁶

A.A. meetings provide one situation for the sharing of narratives by A.A. members. Generally, two types of meetings exist: the speaker meeting and the discussion meeting.³⁷ The focus of the speaker meeting is the life story of a main speaker. The speaker tells his story and others join by telling bits of their own life stories.³⁸ The discussion meetings allow A.A. members to discuss current concerns and to share narrative. The telling of life stories in the discussion meeting is abbreviated as the problems of the day are the chief focus of these encounters.

In either meeting, personal histories are told and retold.³⁹ Speakers talk about themselves, listen to other stories and compare. The narratives must be simple and must be in the A.A. style of "integrity, coherence, simplicity."⁴⁰ This sharing of experience, confession, and discussion is considered by A.A. to be vital for well being.

Narrative is a vital part of how A.A. culture works to serve the needs of its members. Narrative provides a vehicle for group members to share experiences and problems. The stories motivate members to study the book, Alcoholics Anonymous. Finally, through narrative, old-timers strengthen their desire for sobriety while leading drinkers A.A. 41

CHAPTER TWO: DESCRIPTION OF NARRATIVE

To further illuminate the narrative in A.A., Forty-three stories in the third edition of Alcoholics Anonymous and thirteen in the pamphlet, "Do You Think You're Different?" were analyzed. Two representative stories are in Appendix Two. In this chapter, a general description of this body of narrative will be provided followed by an analysis of its rhetorical functions. A.A. is a culture based on narrative. A.A. is an oral society which is defined by its stories and maxims. The alcoholic has been described as being very oral - talkative.¹ Alcoholics have "built...a drunk's ladder of words."² Additionally, alcoholics need an audience. They need a group for whom to perform their stories.³ A.A. meetings and Twelveth Stepping encounters supply those audiences. Moreover, in A.A., listening is as important as speaking.⁴

NAMING AND KEY TERMS

Part of narration is the naming of the characters, scenes, props, actions, and attitudes important to a particular story. The act of naming is a key aspect of narrative's power to direct and mold a culture; social cohesion and integration is attained in names.⁵ By examining the use of naming in a culture, we can begin to know the integration of the society. The naming of a situation, or the elements in a situation, helps us to know

how to act. Naming helps the participant to know the principles of social order and how to act accordingly.⁶

Symbolic integration is a product of naming.⁷ The names placed on some object, person, idea, or value give it "weight" in the culture. If a single entity were given different names, that would lead to different ways of acting toward that entity.⁸ The name helps to define the situation. Those who share common narratives, which describe or name the world in a constant fashion begin to create shared meanings.⁹ These shared meanings lead to cohesiveness within the group, while helping to bond the individuals to the group. In A.A., shared meanings are often expressed in single words or short phrases which are easy to remember.¹⁰ These key words provide rallying points for A.A. members. A limited glossary of selected words and phrases follows:

Allergy plus obsession: This phrase, coined by Dr. William Silkworth, contains the concept that alcoholism is not a moral nor a character weakness. Rather, alcoholism is a condition that the afflicted is not able to overcome.

Disease: Disease is used in conjunction with the phrase "allergy plus obsession." Alcoholism is a malady which is incurable but controllable. Through no fault of his own, the alcoholic is infected with the disease of alcoholism.

Easy does it: This phrase suggests the way in which the alcoholic is to live. Life is a struggle but sobriety is gained through a slow and steady progression. The A.A. member is not to fret nor worry. Rather, he is to remain on a steady course.

First things first: First things first tells the alcoholic to tackle one problem at a time. The first problem is staying sober today, this moment. Without sobriety, nothing else may be accomplished. Sobriety has the first priority. Above all else, the alcoholic is to maintain sobriety.

Higher Power as we understood Him: The "Higher Power" is the name given to the force or entity in which the A.A. member is counseled to place his life. "As we understood Him" is a deliberate ambiguity. This ambiguity exists because of the disparity in people's beliefs. For some, the Higher Power may be the Judeo-Christian God, or for others, the esprit de corp of the A.A. group. Whatever form it takes, the Higher Power is the seat of security and guidance for the A.A. member.

Hit bottom: Hitting bottom is reaching the point of complete hopelessness. At this point, the alcoholic realizes the extent of his problem, that drinking has ruined his life, that he has no control over alcohol. Hitting bottom is divided into high bottoming and low bottoming. Low bottoming or a low bottomer is someone who

has reached the classic point of total loss: poor health, destroyed interpersonal relationships, loss of respect, poor work record, financial ruin. The low bottomer feels that destruction is the only result unless something is changed now. The high bottomer, on the other hand, may have experienced few or insignificant results of drinking. The difference between a low bottomer and a high bottomer is that the high bottomer sees what lies ahead and wishes to avoid it. The high bottomer comes to A.A. because he knows that sooner or later alcohol will destroy him. Like the low bottomer, the high bottomer has no control over alcohol.

Inventory: The inventory may be called a moral or a personal inventory. The inventory consists of a careful self examination. The A.A. member ferrets out defects in personality, ethics, or behavior and takes steps to change.

The first step is to confess to another the defects found in himself. Next, the A.A. member may act on the inventory by attempting to make amends.

Live and let live: Much like "Easy does it," "Live and let live" urges the alcoholic to concern himself with the goal at hand. The alcoholic is to be concerned first and foremost with his own sobriety. Live and let live reminds the alcoholic that he is a person with his own problems and should think twice about interfering with another.

One drink is too many, a hundred drinks are not enough: This phrase explains the extent of the "allergy plus obsession" disease. An alcoholic can not stop drinking once he has started. Therefore, one drink is too many as it starts the cycle. A hundred drinks are not enough as the obsession drives the alcoholic to pursue more alcohol. This phrase is repeated by the alcoholics as a means of confirming the extent of their powerlessness over alcohol.

Powerless: "Powerless" is related to the concepts of "disease" and "allergy plus obsession". The alcoholic is powerless over the effects of alcohol. The A.A. member is reminded that once he starts drinking, he cannot stop. The alcoholic has no control over drinking. That is why the alcoholic must never drink again. Again, one drink is too many, a hundred drinks are not enough.

Twenty-four hours or One day at a time: The alcoholic is sober only if he does not drink. He stays sober if he does not drink now, today, this moment. An A.A. member is told to face life one day at a time. He is told not to think about the years of sobriety ahead, only about this day of sobriety. One day at a time is important in setting short term goals. The long term goal of a life of sobriety is only reached through a series of short term successes at staying sober. It is not important that an alcoholic has been sober for ten years. What is important is that the alcoholic has been sober today.

Working the steps: The road to sobriety is reached by following the Twelve Steps. "Working the steps" means that the alcoholic is participating in the activities involved in the progression. An A.A. member never stops working the steps. Working the steps means that the alcoholic is going through the procedures or rituals that lead to and maintain sobriety.

NARRATIVE ANALYSIS

A.A. produces a class of performers. Some members spend a large portion of their lives travelling from one group to another to tell their stories of loss and recovery.¹¹ These bards tell "quest"¹² stories which are "crude, dirty, full of miracle" but which also follow a formal structure.¹³ The drinking experience is portrayed through the eyes of a character fighting battles while searching for a truth that will set him free. The character, the speaker, gains strength from the experience.¹⁴ The listener gains hope by hearing the tale. The listeners at meetings have been described as children who hear a fairy tale¹⁵ which is told and retold. The stories of the cofounders of A.A. are probably the most often told. Like the Christmas story,¹⁶ they can arouse emotions.¹⁷

The stories themselves tend to have a consistent content detailing the speaker's introduction to alcohol, early drinking, a fall and recovery.¹⁸ The story-teller must

follow the the accepted content and style. New members develop and practice their stories before delivering them to the whole group so that the story is styled correctly.¹⁹ The narrative must fit with the group's expectations.²⁰

The style of the A.A. narratives follows a simple formula. First, they roughly resemble the story of a quest for the cherished prize of sobriety. Second, the stories adhere to the telling of drinking, consequence and recovery. Third, the stories rarely employ such literary devices as metaphor or allusion; they tend to be in lifelike detail.²¹ Because alcoholics all know what the life of a drinker is like, they do not need analogies nor metaphors to understand the stories. Bormann states that the rhetorical vision of a group arises from a collection of fantasy chains which are similar in character and plot line development. As the similar stories which make up the fantasy chains are "chained out" emotions are aroused and a cohesive vision is created.²² For cohesiveness, A.A. uses a standardized narrative. Within this standardization exist many life stories. The collection of these life stories helps to construct the A.A. members' view of the environment of dry alcoholics in a drinking world.

Nearly all of the life stories examined for this study followed the classic A.A. format of adherence to chronological order. This order consisted of early drinking, a "fall" due to the consequences of drinking,

hitting bottom, the introduction to A.A., and the attainment of sobriety. Some stories had formal introductions that may have had a setting in a later point in time, but quickly returned to a chronological order after the body of the narrative started.

In the stories analyzed, a collection of events recurred. The types of details most often relayed were: 1) naivete in early drinking, 2) fun in early drinking, 3) powerlessness over alcohol, 4) the amount of alcohol consumed, 5) the consequences of drinking, 6) attempts to quit or control drinking, 7) the first encounter with A.A., 8) the importance of contact with another alcoholic for recovery, 9) virtues of the sober life.

In over half of the stories, the speaker described the innocence with which he first approached alcohol. A particularly clear example of this naivete is displayed in the following excerpt from an A.A. member's story:

I ordered a martini, extra dry. I didn't even know what a martini looked like, but I had heard a man down the bar order one. That was my first drink. I kept watching the man down the bar to see what he did with a contraption like that, and he just smelled of his drink and set it down again, so I did the same. He took a couple of puffs of a cigarette and I took a couple of puffs of my cigarette. He tossed off half of his martini; I tossed off half of mine and it nearly blew the top of my head off. It irritated my nostrils; I choked, I didn't like it. There was nothing about that drink that I liked. But I watched him, and he tossed off the rest of his, so I tossed off the rest of mine. He ate his olive and I ate mine. I didn't even like the olive. It was repulsive to me from every standpoint. I drank nine martinis in less than an hour.²³

In the excerpt above, the narrator was being controlled by alcohol without any knowledge or even suspicion of what was occurring.

Direct references to fun in early drinking episodes were also common in the stories examined. Almost a third told of the parties, friends and good times that went along with drinking. Again, the narrators acknowledge their lack of awareness of the damage being done to them by alcohol. Alcohol consumption, they confess, became very important to all social interactions in which they took part: "We were the most congenial drinkers you ever saw.... We had the grandest time ever. We just loved it." Friendships revolved around drinking: "I experienced some of the pleasure of social drinking when I was sixteen. I definitely liked it." The speaker may simply say, "I had a lot of fun drinking. I enjoyed it immensely." Drinking is associated with security, warmth, and camaraderie while its dangers are unseen.

A declaration of the narrator's powerlessness over alcohol occurs in about half of the stories. It may be seen early in the narrative or near the end. An admission of one's powerlessness is imperative to the A.A. method. If the speaker denies a drinking problem, he will also deny the powerlessness. Some speakers realize from the first drink that they can not stop. Others do not realize the extent of alcohol's control until they hit bottom. While

the timing of this acknowledgement affected its placement in the narrative, it was, nevertheless, often explicit: "...I was completely powerless over alcohol,"; "I was completely licked by alcohol,"; "I needed alcohol from that night on, and it in turn used me, ruling my life for three years."²⁵

In nearly all of the narratives, about 91 percent, the amount of alcohol consumed is detailed. In fact, it seems that the amount consumed is the yardstick by which the narrator's problem is measured. The speakers detail the number of bottles they discarded, the volume in pints or gallons they consumed, or the amount of money they spent on drinking. For example: "...I secured crocks of ten gallon capacity and really took quite an active interest in the manufacture of home brew,"; or "So, I believe that twenty per cent is a very conservative estimate of the amount of income I blew."²⁶

The consequences of drinking were almost always mentioned by the narrator: "Away from my office two or three weeks at a time; horrible days and nights when I would lie on the floor of my home...reaching over to get the bottle,"; "I was hospitalized eight times for intoxication,"; "...looking over the contracts and money in my pocket, I found that I had sold six lots. I didn't even know the people I sold them to. I had to look in the telephone book later to find out who these people were."²⁷

By relaying consequences of their drinking, the speakers show the destructive power of alcohol in all aspects of life. Descriptions of how alcoholism had ruined the speakers in their work, interpersonal relations, and health abounded. As in the amount of alcohol consumed, speakers tended to be explicit in their use of detail. In this way, the speaker could not hide behind denials or self righteousness.

The amount of alcohol consumed by the drinker and the consequences to his life help to distinguish "high bottomers" and "low bottomers". High bottomers are those who do not seem to have a severe problem, yet, feel that something must be done. Low bottomers are classic alcoholics who have slipped on the job, hide bottles around the house, have been arrested, or have been hospitalized. By relating details of the amount of alcohol consumed, the speaker humbles himself before his peers.

The next narrative element, the attempt to quit or control drinking, is mentioned in almost two thirds of the stories. In some of the stories, the "beer experiment" is attempted: "...I should mention the so-called beer experiment...I thought that I was safe. I could drink all I wanted of that. It was harmless, nobody ever got drunk on beer."²⁸ In this experiment, the drinker thinks that he can reduce the effects of alcohol or control the amount consumed if he only consumes beer or wine. In all cases,

however, narrators concluded that the effects of the drinking were just as severe except that beer tended to cause the drinker to gain weight.

Other drinkers tell about how they attempted to quit. Many tried the cures of the day, checked into some of the best and worst hospitals, or tried to quit drinking by themselves. Some found sobriety for a time but all fell into alcohol's control again. For example, one speaker says: "...I made this solemn promise never to drink again... At three-thirty the next morning, I was in...jail for driving while intoxicated." Another recalls: "Now I attempted to quit...I determined that I wouldn't drink. I remember one occasion when I did not drink for three hundred and sixty four days, but I didn't quite make the year."²⁹

The next element common to the stories is the drinker's introduction to A.A. The early stories tell of how an A.A. member came to the drinker to tell his story of drinking, fall, and recovery. Many of the later stories explain that the drinker's first introduction to A.A. was through its literature, physicians, hospitals, or friends: "They came in and began to give me instruction in the program. Before very long we began to relate some incidents of our drinking." Another wrote, "Then I saw an advertisement in a newspaper, and I wrote to the address it gave. The reply came, putting me in touch by mail."³⁰

Along with their discussion of the alcoholic's introduction to A.A., half of the stories express the importance of the A.A. message being brought by a fellow alcoholic. Either through a direct encounter with a Twelfth Stepper or through the A.A. publications, the drinker hears the words of another alcoholic. The theme of "that was me," or "he talked my language" was often repeated: "I realized both of them knew what they were talking about because you can see things and smell things when you are drunk, that you can't other times."; "...he could have been describing me, and nothing short of experience and knowledge could have afforded him that much insight!"³¹

Finally, a description of the sober life with A.A. was relayed in nearly all of the stories. Many described a discovery of health, of improved work habits, improved finances, improved interpersonal relationships, and the regaining of respect. For example, one narrator concluded:: "...I began to get my health back and began to be so I didn't have to hide from people." Others stated: "My health is good and I have regained my self-respect and the respect of my colleagues. My home life is ideal..."; "It has changed not simply one department of my life - it has changed my whole life."³² Each of these gains were described as by-products of staying sober. The sober life was described as "starting over" or as like "being released from a prison." For these narrators, sobriety was freedom.

In this analysis of A.A.'s narrative, it was discovered that A.A. uses one predominant narrative type. Nearly all life stories told in A.A. follow the same form. Only the names, dates, and places seem to be changed. The stories appear to be interchangeable suggesting that "narrative" in A.A. refers to a single model which represents a genre of stories.

CHAPTER THREE: TYPOLOGY OF FUNCTIONS

Narratives come into being in response to the needs of those who create and participate in them. Current narrative theories, however, do not clearly illuminate the process by which the individual and narrative work together to serve the individual's needs. Alcoholics Anonymous offers a prime subject for the study of narrative's functions because A.A. works toward only one goal, sobriety, through the use of narrative. The narrative of A.A. does not detail the drinker's problems with family, work, finances, or anything else except for those problems which arise from drinking. A.A. members are told to keep first things first; to take one day at a time. A.A. narrative serves the immediate needs which arise from the long term need to gain and maintain sobriety. A typology of narrative's functions in A.A. may help clarify why a particular narrative is developed and how it serves the needs of the individuals who use it.

FOUNDATIONAL THEORIES

A.A. narrative may be compared to a machine such as a clock. The clock functions through the movement of the correctly meshed gears. Narrative functions through the action of its elements. These elements, in turn, are coordinated through the language used, such as A.A.'s key terms and phrases. Several current rhetorical theories may help illustrate these elements, and how they work together.

Fisher's Narrative Paradigm, Bitzer's Rhetorical Situation, Burke's Dramatic Pentad, and Duncan's work on terms and naming all represent theoretical constructs which may be drawn upon in order to develop a foundational perspective of narrative so that its functions may be discovered.

Fisher's Narrative Paradigm is an umbrella theory as it illuminates narrative's general function in defining and developing a culture. As a clock can be used to display the time of day, narrative aids a person to clarify and understand his environment.

Bitzer and Burke outline the elements which make up a communication situation. These elements are the parts which make up the narrative machine. Bitzer offers his familiar model the Rhetorical Situation which gives a general understanding of what makes up a particular communication event. Bitzer describes the rhetorical situation "as a complex of persons, events, objects, or potential exigence."¹ This theory allows us to conceptualize narrative as a response within a situation.² In A.A., the exigence is the problem of excessive drinking due to the "allergy plus obsession". The speaker in A.A. is the alcoholic who is telling his story. The audience is composed of a collection of listeners who may be A.A. members or non-members. The constraints in the A.A. situation can be anything which might impede sobriety.

Burke's familiar Dramatic Pentad aids in a further investigation of narrative by also describing the elements of a communication situation.³ Burke offers Act (what happened), Scene (where and when the act happened), Agent (who did the act), Agency (how the agent acted), and Purpose (why the agent acted). With respect to storytelling in A.A., the "act" might be described as the storytelling itself. The "scene" might be a speaker meeting or a Twelfth Step encounter. The "agent" is the speaker. A variation of Burke's "agent" is seen in A.A. in which a listener is necessary for the act to be completed. The listener also acts by emotionally responding to the story. The "agency" could be the narrative itself. The narrative is a collective behavior of sharing which elicits emotional excitement. Finally, the "purpose" or function of the narrative is why the narrative is used. Participation in narrative can help the alcoholic to resist temptation.⁴

The alcoholic in A.A. can be seen in a context as developed through these elements of Bitzer's and Burke's theories. The alcoholic lives in a situation of available drink. Yet, he desires sobriety. Burke's theory illustrates that the alcoholic is an agent, someone who can act. The narrative is the agency through which the alcoholic can act. A.A. believes that storytelling helps an alcoholic resist the temptation to drink; narrative is a

fitting response to the situation. From the success that A.A. enjoys, it appears that the use of narrative does work. But, the explanation of what elements make up the narrative situation in A.A. still does not explain why narrative is effective at keeping alcoholics dry. Building on this foundation, the typology will further explore narrative's purpose in A.A. to bring about change.

The content of narrative can not be examined without an understanding of the language it employs. The language used in a narrative is analogous to gear cogs in a clock. The shared language allows for the meshing of the elements so that they might work together just as properly fitted cogs are necessary for a clock to work.

The explanation of key terms and naming given by Duncan helps to describe the language used in a communication event. It is important that the language and meanings are shared by A.A. members participating in a narrative event. A special vocabulary serves the same purpose as a secret handshake or password. Mutual understanding leads to a shared identity.

Each of these theories explains some aspect of communication. From each, selected ideas have been borrowed in order to describe the narrative situation in A.A. As if narrative were a clock, Fisher gives its general functions, while Bitzer and Burke describe its gears, and Duncan explains how they fit together. What is

lacking is the "power" which causes the gears to turn so that the clock might function. This "power" is the motivation which leads the individual uses narrative to serve his needs.

NEEDS AND SOCIAL DEVELOPMENT

Sobriety is the ultimate need of alcoholics in A.A., In the long run, however, sobriety can only be attained through meeting the immediate needs of the alcoholic on an ongoing basis. The immediate needs an A.A. member may have are greatly influenced by the member's developmental level in the society.

Social theorists have observed that socialization occurs in stages or levels. In A.A., these levels are: newcomer, established member, or old-timer. Both progression and regression through these levels are possible. These developmental levels are related to the Twelve Steps. The individual first enters the culture as a newcomer and experiences a series of early encounters. The newcomer needs basic socialization of learning about the group's identity, methods, structure and values. At this time, the alcoholic may start "working the steps."⁵

Next, the individual begins a level of role-management in which the alcoholic begins to establish his position in the group as a member in full. The newcomer passes to the level of established member by making a Fifth Step confession. The confession, in the form of a life story

which fits A.A.'s format and style, is a rite of passage which indicates the alcoholic's intention to stay with A.A. and his desire for sobriety. The individual is recognized as a full-fledged member and begins to develop a niche in the organization. The established member needs to declare his affiliation with the group and to solidify his membership through participation in the group's activities.

Finally, the individual moves into a level of stabilization as an old-timer. The point at which the member passes from an established member to old-timer is not always clear. However, someone who has had years of sobriety without a slip and is seen by others as an alcoholic who has stabilized his lifestyle is often regarded by others within the organization as an "old-timer." An old-timer needs to keep his conviction for sobriety alive so that he doesn't "slip".

FUNCTIONAL TYPOLOGY

The alcoholic has needs at each level of development. Some needs are more urgent at certain levels than others. Narrative functions to serve the needs of A.A. members at any point in their development. The functions of A.A. narrative can be grouped into four categories: 1) Edification, 2) Affiliation, 3) Purification, 4) Renewal. The relationship between the member's developmental level with its corresponding needs and narrative's function with respect

to these needs is the subject of the typology which follows.

Edification: Narrative functions so that edification processes may take place. Edification is a functional category composed of those narratives which address the need to teach and the need to learn about A.A. The need to learn is most profound at the newcomer level and lessens somewhat at the established member level. Those in the later established member and old-timer levels may feel primarily the need to teach others what they have learned. As stated in the Twelfth Step and by many A.A. members, much is to be gained by spreading the word and methods of A.A. The more established member may strengthen his resolve and gain a sense of worth by leading others to sobriety.⁶ Dr. Bob stated that he taught others the methods of sobriety because of his thankfulness that someone had taught him.⁷ A narrative can show a newcomer what a Fifth Step confession may be like or the narrative may be set forth as an example of the accepted A.A. style and format for storytelling. By teaching others through the telling of their stories, speakers can reinforce their resolve to be sober.

Edification needs are also met by learning group's values, ideology, and organizational structures.⁸ Listening is the only way that the individual will assimilate the culture: the how's, why's, and who's of A.A.

The beginner starts to believe and to adhere to the group's ideology through hearing the narratives of the group. Again, as the narratives are similar in format and style, the listener begins to see the repeating themes of loss and recovery through the A.A. way. As the newcomer begins to understand the narrative style, he begins to understand the social order.⁹

Affiliation: Narrative is the medium through which affiliation occurs. Affiliation serves an individual's need to belong to a group.¹⁰ The individual uses narrative to gain a personal identity and to establish a group identity which is separate from the rest of the environment. Plus, by participating in narrative, an individual can publicly declare his association with the group.

People will band together when in desperate situations.¹¹ In A.A., alcoholics who have "hit bottom" gain strength through the sharing of their experiences. Bormann states that the sharing of a Rhetorical Vision offers a sense of security to the individual.¹² The A.A. stories are the cement which binds the identity of the listener to that of speaker.¹³ Through narrative, the newcomer begins to "believe" the A.A. way of life.¹⁴ In all stages, especially at the newcomer level, it is important that the individual identify with the other members of the group. Throughout the typical narrative,

statements of identification occur.¹⁵ For example, "I realized both of them knew what they were talking about...if I had thought they didn't know what they were talking about, I wouldn't have been willing to talk to them at all."¹⁶ The importance of an alcoholic bringing the A.A. message was commonly found in the analyzed narratives.

The need for identification is met through listening to the narrative of another.¹⁷

The basic A.A. narrative has been described as a quest story. The main character must fight many battles with alcoholism. The drinker is on a quest for the answer to his problems. Yet, no matter what the drinker does, he is still powerless over alcohol. A.A. is like a Holy Grail that the hero triumphantly finds. The main character is finally freed from alcohol's hold through the possession of the A.A. way. The listener identifies with the hero of the story and in this identification, he may take on the life-style of that hero and begin or maintain the A.A. road of sobriety.¹⁸

The narrative may also promote a kind of collective identification which sets the group apart from the outside world. Generally, members share the same kinds of stories, only the characters and setting are different. The common form and style of A.A. narratives help reinforce the group's perception that its members are different from the rest of the drinking world. Through the narrative, the alcoholic's environment is defined.¹⁹

In addition to the need to personally identify with the group, narrative allows A.A. members to publicly declare their desire to associate with the group. The listener is able to grant that "petition" of association. Affiliation is first publicly affirmed through a Fifth Step confession. The narrative demonstrates the level of socialization the member has attained by how well it exhibits the "appropriate" format and style. It is at this point the newcomer passes into the established member level.

A.A. affirmation of affiliation occurs every time an alcoholic announces to his peers: "I'm Bill and I'm an alcoholic." Group acceptance is built and strengthened through this act of naming or self-identification by the alcoholic.²⁰ That one is an alcoholic is paramount to membership; one cannot desire sobriety if one already has it. By accepting the name of "alcoholic" and by telling and retelling his story, the alcoholic is no longer alone but is incorporated into the society of former drinking alcoholics of A.A.²¹

Acceptance of the stories told by speakers plays an important role in the perpetuation of the group.²² As the speaker may use narrative to affirm his affiliation, the listener may need to affirm his support for the group by acknowledging the stories of others. By listening to these narratives, the A.A. member reinforces his role in the

group as a supporter of the alcoholic who is baring his soul.

Purification: The A.A. member cannot continue through the Twelve Steps unless a public confession is made at the Fifth Step. Narrative is the only way that the speaker may purify himself so that the drinking self may be suppressed. It is the only way that he can reaffirm his desire for the sober life.²³

The act of purification is akin to Burke's Secular Prayer in that both are "moral" acts and involve the "coaching of an attitude."²⁴ Burke further states that Secular Prayer redirects the user's life because the petitioner behaves according to the guidance he seeks. By confessing, the speaker is able to reform himself. In the same way, narrative allows the alcoholic to pass into a new phase of life.²⁵ The public telling of sins allows the integrations of the public and private selves. The speaker holds nothing back so that what the group disallows he also disallows.²⁶ In sharing with the group, the alcoholic is able to unburden himself so that he might begin anew.

Additionally, the purification function of A.A. narrative operates as a formal "mortification". Burke defines mortification as the "deliberate slaying of appetites and ambitions."²⁷ The components of mortification are: an audience, a speaker, guilt, and grace.²⁸ The confessional narrative also has these

components. The audience, necessary for mortification to take place,²⁹ is composed of A.A. members, the speaker is the storyteller, guilt is the catalyst for the speaker to speak,³⁰ and the audience imparts grace by accepting the confession.

The need for purification may lead one to listen. Guilt may be aroused by witnessing a confessional narrative. The newcomer may find his own behaviors and attitudes in the narrative being told. Listening can motivate the newcomer to take the Fifth Step. Listening may also permit a kind of vicarious purification.

Purification needs are initially met by a newcomer's Fifth Step confession made up of a narrative of the drinker's life. Again, this is the rite in which the newcomer passes into the intermediate stage of development. A.A. stresses that this confession is the only way in which the drinker is able to establish a sober life.

For the established member and old-timer, purification realigns the alcoholic with the A.A. way through Steps Eight and Nine. Narrative allows the A.A. member to continue on without the extra baggage of guilt. The need for repurification shows how the passage of an A.A. member along the path of sobriety is two-way. The member may avert a slip by clearing his conscience through the use of narrative.

Renewal: Narrative can function for the renewal of a conviction for sobriety by reminding the faltering alcoholic of the consequences of drinking. The alcoholic can only fulfill the need of sobriety by maintaining the strength to resist temptation. The conviction may need to be rekindled and can only be rekindled through participation in narrative acts.

Usually, only members in the later established member and the old-timer levels are in need of a renewal by narrative. A renewal can be obtained by storytelling or by listening. Each of these acts can bring about an emotional arousal. The narrative's format of giving detailed accounts of the amount of alcohol consumed, the consequences of drinking and the contrast between the drunk and sober lifestyle offers a vivid picture of the drinking past.³¹

While the story is told, two things occur. First, the speaker is reliving his life in the narrative. Second, the listener, stimulated by the speaker's story, is trying to remember and relive his own experiences.³² The audience, as well as the speaker, experiences an emotional response to the narrative. This sharing of experiences helps both to resist temptation. Therefore, the A.A. member may either speak or listen to stories in order to rekindle and sustain the emotional high.

The speaker may speak out of a need to exercise self-discipline.³³ The practice of speaking regularly can continue one's commitment to sobriety. The emotions are not allowed to die. The memory of the consequences of drinking is kept fresh. By retelling the narrative, the speaker may relive the experience.

Listening to life stories may rekindle one's commitment to sobriety. Newcomers offer particularly fresh and poignant narratives as their memories of drinking experiences have not faded. By listening to the narrative of one who may still be dealing with the direct consequences of drinking, an old-timer's memories may be refreshed. The older member may be jolted back to the time of his own drinking. The narrative of another may be all the reminding a waning member needs in order to regain his desire for sobriety.³⁴

Narrative is necessary for the fulfillment of each of these needs. However, the speaker and listener do not have to make a concerted effort to match needs. Interestingly, the needs of the speaker and the listener do not have to be coordinated. The speaker may be speaking to fulfill a specific need within himself while the listener listens to fulfill an entirely different need. An example of how different needs are met is that of a newcomer giving his first Fifth Step confession. The speaker may be fulfilling the needs served through the narrative's purification and

affiliation by telling his story. The audience, on the other hand, may have a multitude of needs. To some, narrative may offer help in meeting the need for affiliation. Some may "need" the arousal of guilt, still, others may require a rekindling of commitment. Newcomers may learn how to construct Fifth Step narratives which conform to the A.A. style.

The A.A. narrative functions to serve multiple needs in the speaker and a multitude of needs in a collection of listeners through many different life stories. The purpose of A.A. narrative is to meet the immediate needs of individuals in order that they might gain the ultimate need of sobriety.

CHAPTER FOUR: SUMMARY AND IMPLICATIONS

Narrative use is universal among humans. Narrative describes and molds a culture. It explains a culture's values and guides members' behaviors. The stories which make up a society's body of narrative hold one key to understanding that society and its individual members. We may more fully understand humans by understanding narrative, its form, and functions with respect to those who use it.

For several reasons, Alcoholics Anonymous is an ideal society for the study of narrative: it offers a view of how narrative can guide and define a society; its purpose is clearly defined; its structure allows for the evolution of its narrative; and it has an established body of discourse. Through the study of A.A.'s history, its method, and its stories we may begin to understand the relationship between narrative and the individual.

Analysis of a selection of A.A. stories showed that a distinct type of narrative with many individual versions exists in A.A. This single narrative is used in several situations for several reasons. The narrative was marked by the presence of key words and phrases and a particular form and content. This basic narrative remains constant. Only the names and places seem to vary from one telling to the next. The typical A.A. life story consists of a quest

for the prize of sobriety, unfolds in chronological order, and is told in a simple, concrete style.

A typology of narrative functions was constructed by examining A.A. narrative in terms of a methodology created by selecting elements of several theories. The insights of Fisher, Bitzer, Burke, Duncan, and others helped to provide a foundation for the typology. The typology of narrative's functions in A.A. helps to explain the relationship between narrative, the individuals who utilize it, and the larger group, or society to which they belong.

This thesis suggests that narrative, exemplified by A.A., functions by serving individual needs. The needs of the individual are different depending on his level of social development: newcomer, established member, or old-timer. In A.A., the individual utilizes narrative to serve his needs by either telling or listening to a life story. Either use of narrative may function to meet the individual's needs with respect to: 1) Edification; 2) Affiliation; 3) Purification; 4) Renewal. This typology of narrative's functions in A.A. offers a tool which may allow for a further understanding of narrative in general.

For example, the Edification function of narrative describes how narrative works to teach newcomers the group's methods and structure. In A.A., the narrative shows the newcomer how to tell his story, details what A.A.

values most, and shows how A.A. members attain sobriety. While a narrative is helping newcomers to learn about A.A., it may simultaneously provide a source of Renewal for the old-timers present.

The relationship of narrative, the individual, and society at large can be more fully understood through the typology developed in this study. The individual utilizes narrative to meet needs which have arisen because of his position in the society. As an individual uses narrative, he alters his position in the society which leads him to use narrative again to satisfy his new needs. Thus, there is a sense in which participation in narrative is participation in society.

IMPLICATIONS

The functions of narrative for the individual are particularly interesting. The typology of narrative functions in A.A. suggests that narrative functions in four basic ways to meet the needs of individuals. Through an empirical study, we may test this supposition. Fortunately, A.A. and its narrative make up a field situation that is akin to a laboratory in that A.A. narrative is standardized in style and format, the purpose of A.A. is singular, and, due to the confines of the Twelve Traditions, A.A. structure is predictable. Unlike a laboratory setting, A.A. is an established group with strong traditions, a history, and an evolving narrative.

A step parallel to the narrative and rhetorical theory used in this thesis may be made by empirically testing this functional typology. Through an empirical study, it may be possible to more fully understand how narrative functions for the individual in a society. As one A.A. member stated, "In A.A. we dry moist souls on the logos, the Word."¹

CHAPTER ONE: NOTES

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⁴Fisher, "Narration as a Human Communication Paradigm," p. 6; Brown, "That Reminds Me of a Story," p. 39.

⁵Ernest Kurtz, Not-God: A History of Alcoholics Anonymous (Center City, Minnesota: Hazelden Educational Services, 1979), p. 68.

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⁷Robertson, Getting Better, p. 43.

⁸Bill Wilson believed that anonymity was vital. While researchers have discovered the surnames of others in A.A.'s early history, Ebby T. remains anonymous.

⁹Robertson, Getting Better, p. 32.

¹⁰Ibid., p. 35.

¹¹Kurtz, Not-God, p. 68.

¹²Robertson, "The Changing World of Alcoholics Anonymous," p. 40.

¹³Kurtz, Not-God, p. 49.

¹⁴Ibid.,

¹⁵Ibid., p. 48.

¹⁶Ibid., p. 49.

¹⁷George Aiken Taylor, A Sober Faith: Religion and Alcoholics Anonymous (New York: MacMillan, 1953), p. 45, 105-106.

¹⁸[Wilson], Alcoholics Anonymous, p. xix.

¹⁹Robertson, Getting Better, p. 44, 57.

²⁰[Wilson], Alcoholics Anonymous, p. xiv.

²¹Robertson, Getting Better, p. 43.

²²G. A. Taylor, A Sober Faith, p. 22-23.

²³Kurtz, Not-God, p. 51.

²⁴[Bill Wilson], Twelve Steps and Twelve Traditions, (New York: Alcoholics Anonymous World Services, 1952), p. 152, 176.

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³⁴Ibid., p. 89.

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³⁸Elpenor (pseud.), "A Drunkard's Progress: A.A. and the Sobering Strength of Myth," Harper's Magazine (October, 1986), p. 43.

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⁴⁰Elpenor (pseud.), "A Drunkard's Progress," p. 47.

⁴¹Co-Founder (psued.), Alcoholics Anonymous Comes of Age, p. 44.

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³Ibid., p. 46.

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⁵Hugh Dalziel Duncan, Symbols and Social Theory, (New York: Oxford University Press, 1969), p. 159.

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¹⁴Ibid., p. 44.

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¹⁶Robertson, Getting Better, p. 30.

¹⁷Elpenor (pseud.), "A Drunkard's Progress," p. 47.

¹⁸Ibid., p. 45; M. C. Taylor, Alcoholics Anonymous, p. 86-94.

¹⁹M. C. Taylor, Alcoholics Anonymous, p. 131.

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- ²¹Elpenore (pseud.), "A Drunkard's Progress," p. 43.
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- ²³[Wilson], Alcoholics Anonymous, p. 194-195.
- ²⁴Ibid., p. 264, 305, 346.
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- ²⁷Ibid., p. 184, 196.
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¹⁰William C. Schutz, FIR0: Three-Dimensional Theory of Interpersonal Behavior (New York: Rinehart and Company, 1958), p. 18

¹¹Kenneth Burke, Attitudes Toward History (Berkeley: University of California Press, 1937), p. 7

¹²Bormann, "Fantasy and Rhetorical Vision," p. 400.

¹³M. C. Taylor, Alcoholics Anonymous, p. 99.

¹⁴*Ibid.*, p. 129.

¹⁵[Wilson], Alcoholics Anonymous, p. xii.

¹⁶*Ibid.*, p. 185.

¹⁷M. C. Taylor, Alcoholics Anonymous, p. 118-119.

¹⁸Ernest G. Bormann, "Fantasy and Rhetorical Vision," p. 406-407; M. C. Taylor, Alcoholics Anonymous, p. 96.

¹⁹Bormann, "Fantasy and Rhetorical Vision," p. 397; Elpenor (pseud.), "A Drunkard's Progress," p. 47.

²⁰M. C. Taylor, Alcoholics Anonymous, p. 121.

²¹Co-Founder (pseud.), Alcoholics Anonymous Comes of Age, p. 306.

²²Duncan, Symbols in Society, p. 148; M. C. Taylor, Alcoholics Anonymous, p. 122.

²³[Wilson], Alcoholics Anonymous, p. 72; Duncan, Communication and Social Order, p. 307, 395-396.

²⁴Bitzer, "The Rhetorical Situation," p. 3; Burke, Attitudes Toward History, p. 322.

²⁵Burke, Attitudes Toward History, p. 326.

²⁶Duncan, Symbols in Society, p. 148.

²⁷Kenneth Burke, The Rhetoric of Religion (Berkeley: University of California Press, 1970), p. 135.

²⁸Ibid.

²⁹Kenneth Burke, A Rhetoric of Motives (Berkeley: University of California Press, 1969), p. 222.

³⁰Burke, The Rhetoric of Religion, p. 135

³¹Duncan, Communication and Social Order, p. 306; M. C. Taylor, Alcoholics Anonymous, p. 95-96, 101.

³²Elpenor (pseud.), "A Drunkard's Progress," p. 46.

³³Ibid., p. 43-44.

³⁴Ibid., p. 43.

CHAPTER FOUR: NOTES

¹Elpenor (pseud.), "A Drunkard's Progress," p. 48.

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APPENDIX 1

THE TWELVE TRADITIONS

(From Alcoholics Anonymous Comes of Age, 1957)

- One: Our common welfare should come first; personal recovery depends upon A.A. unity.
- Two: For our group purpose there is but one ultimate authority--a loving God as He may express Himself in our group conscience. Our leaders are but trusted servants; they do not govern.
- Three: The only requirement for A.A. membership is a sincere desire to stop drinking.
- Four: Each group should be autonomous, except in matters affecting other groups or A.A. as a whole.
- Five: Each group has but one primary purpose--to carry its message to the alcoholic who still suffers.
- Six: An A.A. group ought never endorse, finance, or lend the A.A. name to any related facility or outside enterprise, lest problems of money, property, and prestige divert us from our primary purpose.
- Seven: Every A.A. group ought to be fully self-supporting, declining outside contributions.
- Eight: Alcoholics Anonymous should remain forever non-professional, but our service centers may employ special workers.
- Nine: A.A., as such, ought never to be organized; but we may create service boards or committees directly responsible to those they serve.
- Ten: Alcoholics Anonymous has no opinion on outside issues; hence the A.A. name ought never to be drawn into public controversy.
- Eleven: Our public relations policy is based on attraction rather than promotion; we need always maintain personal anonymity at the level of press, radio, films, and TV.
- Twelve: Anonymity is the spiritual foundation of our traditions, ever reminding us to place principles before personalities.

THE TWELVE STEPS

(From Alcoholics Anonymous Comes of Age, 1957)

- Step One: We admitted that we were powerless over alcohol--that our lives had become unmanageable.
- Step Two: Came to believe that a Power greater than ourselves could restore us to sanity.
- Step Three: Made a decision to turn our will and our lives over to the care of God as we understood Him.
- Step Four: Made a searching and fearless moral inventory of ourselves.
- Step Five: Admitted to God, to ourselves, and to another human being the exact nature of our wrongs.
- Step Six: Were entirely ready to have God remove all these defects of character.
- Step Seven: Humbly asked Him to remove our shortcomings.
- Step Eight: Made a list of all persons we had harmed, and became willing to make amends to them all.
- Step Nine: Made direct amends to such people whenever possible, except when to do so would injure them or others.
- Step Ten: Continued to take personal inventory and when we were wrong promptly admitted it.
- Step Eleven: Sought through prayer and meditation to improve our conscious contact with God as we understood Him, praying only for knowledge of His will for us and the power to carry that out.
- Step Twelve: Having had a spiritual awakening as the result of these steps, we tried to carry this message to alcoholics, and to practice these principles in all our affairs.

APPENDIX TWO

DOCTOR BOB'S NIGHTMARE

(From Alcoholics Anonymous, 1976)

I was born in a small New England village of about seven thousand souls. The general moral standard was, as I recall it, far above the average. No beer or liquor was sold in the neighborhood, except at the State liquor agency where perhaps one might procure a pint if he could convince the agent that he really needed it. Without this proof the expectant purchaser would be forced to depart empty handed with none of what I later came to believe was the great panacea for all human ills. Men who had liquor shipped in from Boston to New York by express were looked upon with great distrust and disfavor by most of the good townspeople. The town was well supplied with churches and schools in which I pursued my early educational activities.

My father was a professional man of recognized ability and both my father and mother were most active in church affairs. Both father and mother were considerably above the average in intelligence.

Unfortunately for me, I was the only child, which perhaps engendered the selfishness which played such an important part in bringing on my alcoholism.

From childhood through high school I was more or less forced to go to church, Sunday School and evening service, Monday night Christian Endeavor and sometimes to Wednesday evening prayer meeting. This had the effect of making me resolve that when I was free from parental domination, I would never again darken the doors of a church. This resolution I kept steadfastly for the next forty years, except when circumstances made it seem unwise to absent myself.

After high school came four years in one of the best colleges in the country where drinking seemed to be a major extra-curricular activity. Almost everyone seemed to do it. I did it more and more, and had lots of fun without much grief, either physical or financial. I seemed to be able to snap back the next morning better than most of my fellow drinkers, who were cursed (or perhaps blessed) with a great deal of morningafter nausea. Never once in my life have I had a headache, which fact leads me to believe that I was an alcoholic almost from the start. My whole life seemed to be centered around doing what I wanted to do, without regard for the rights, wishes, or privileges of anyone else; a state of mind which became more and more predominant as the years passed. I was graduated "summa cum laude" in the eyes of the drinking fraternity, but not in the eyes of the Dean.

The next three years I spent in Boston, Chicago, and Montreal in the employ of a large manufacturing concern,

selling railway supplies, gas engines of all sorts and many other items of heavy hardware. During these years, I drank as much as my purse permitted, still without paying too great a penalty, although I was beginning to have morning jitters at times. I lost only a half day's work during these three years.

My next move was to take up the study of medicine, entering one of the largest universities in the country. There I took up the business of drinking with much greater earnestness than I had previously shown. On account of my enormous capacity for beer, I was elected to membership in one of the drinking societies, and soon became one of the leading spirits. Many mornings I have gone to classes, and even though fully prepared, would turn and walk back to the fraternity house because of my jitters, not daring to enter the classroom for fear of making a scene should I be called on for recitation.

This went from bad to worse until Sophomore spring when, after a prolonged period of drinking, I made up my mind that I could not complete my course, so I packed my grip and went South to spend a month on a large farm owned by a friend of mine. When I got the fog out of my brain, I decided that quitting school was very foolish and that I had better return and continue my work. When I reached school, I discovered the faculty had other ideas on the subject. After much argument they allowed me to return and take my exams, all of which I passed creditably. But they were much disgusted and told me they would attempt to struggle along without my presence. After many painful discussions, they finally gave me my credits and I migrated to another of the leading universities of the country and entered as a Junior that fall.

There my drinking became so much worse that the boys in the fraternity house where I lived felt forced to send for my father, who made a long journey in the vain endeavor to get me straightened around. This had little effect however for I kept on drinking and used a great deal more hard liquor than in former years.

Coming up to final exams I went on a particularly strenuous spree. When I went in to write the examinations, my hand trembled so I could not hold a pencil. I passed in at least three absolutely blank books. I was, of course, soon on the carpet and the upshot was that I had to go back for two more quarters and remain absolutely dry, if I wished to graduate. This I did, and proved myself satisfactory to the faculty, both in deportment and scholastically.

I conducted myself so creditably that I was able to secure a much coveted internship in a western city, where I spent two years. During these two years I was kept so busy that I hardly left the hospital at all. Consequently, I could not get into any trouble.

When those two years were up, I opened an office downtown. I had some money, all the time in the world, and considerable stomach trouble. I soon discovered that a couple of drinks would alleviate my gastric distress, at least for a few hours at a time, so it was not at all difficult for me to return to my former excessive indulgence.

By this time I was beginning to pay very dearly physically and, in hope of relief, voluntarily incarcerated myself at least a dozen times in one of the local sanitariums. I was between Scylla and Charybdis now, because if I did not drink my stomach tortured me, and if I did, my nerves did the same thing. After three years of this, I wound up in the local hospital where they attempted to help me, but I would get my friends to smuggle me a quart, or I would steal the alcohol about the building, so that I got rapidly worse.

Finally my father had to send a doctor out from my home town who managed to get me back there in some way, and I was in bed about two months before I could venture out of the house. I stayed about town a couple of months more and then returned to resume my practice. I think I must have been thoroughly scared by what had happened, or by the doctor, or probably both, so that I did not touch a drink again until the country went dry.

With the passing of the Eighteenth Amendment I felt quite safe. I knew everyone would buy a few bottles, or cases of liquor as their exchequers permitted, and that it would soon be gone. Therefore it would make no great difference, even if I should do some drinking. At that time I was not aware of the almost unlimited supply the government made it possible for us doctors to obtain, neither had I any knowledge of the bootlegger who soon appeared on the horizon. I drank with moderation at first, but it took me only a relatively short time to drift back into the old habits which had wound up so disastrously before.

During the next few years, I developed two distinct phobias. One was the fear of not sleeping, and the other was the fear of running out of liquor. Not being a man of means, I knew that if I did not stay sober enough to earn money, I would run out of liquor. Most of the time, therefore, I did not take the morning drink which I craved so badly, but instead would fill up on large doses of sedatives to quiet the jitters, which distressed me terribly. Occasionally, I would yield to the morning craving, but if I did, it would be only a few hours before I would be quite unfit for work. This would lessen my chances of smuggling some home that evening, which in turn would mean a night of futile tossing around in bed followed by a morning of unbearable jitters. During the subsequent fifteen years I had sense enough never to go to the

hospital if I had been drinking, and very seldom did I receive patients. I would sometimes hide out in one of the clubs of which I was a member, and had the habit at times of registering at a hotel under a fictitious name. But my friends usually found me and I would go home if they promised that I should not be scolded.

If my wife was planning to go out in the afternoon, I would get a large supply of liquor and smuggle it home and hide it in the coal bin, the clothes chute, over door jambs, over beams in the cellar and in cracks in the cellar tile. I also made use of old trunks and chests, the old can container, and even the ash container. The water tank on the toilet I never used, because that looked too easy. I found out later that my wife inspected it frequently. I used to put eight or twelve ounce bottles of alcohol in a fur lined glove and toss it onto the back airing porch when winter days got dark enough. My bootlegger had hidden alcohol at the back steps where I could get it at my convenience. Sometimes I would bring it in my pockets, but they were inspected, and that became too risky. I used also to put it up in four ounce bottles and stick several in my stocking tops. This worked nicely until my wife and I went to see Wallace Beery in "Tugboat Annie," after which the pant-leg and stocking racket were out!

I will not take space to relate all my hospital or sanitarium experiences.

During all this time we became more or less ostracized by our friends. We could not be invited out because I would surely get tight and my wife dared not invite people in for the same reason. My phobia for sleeplessness demanded that I get drunk every night, but in order to get more liquor for the next night, I had to stay sober during the day, at least up to four o'clock. This routine went on with few interruptions for seventeen years. It was really a horrible nightmare, this earning money, getting liquor, smuggling it home, getting drunk, morning jitters, taking large doses of sedatives to make it possible for me to earn more money, and so on ad nauseam. I used to promise my wife, my friends, and my children that I would drink no more--promises which seldom kept me sober even through the day, though I was very sincere when I made them.

For the benefit of those experimentally inclined, I should mention the so-called beer experiment. When beer first came back, I thought that I was safe. I could drink all I wanted of that. It was harmless; nobody ever got drunk on beer. So I filled the cellar full, with the permission of my good wife. It was not long before I was drinking at least a case and a half a day. I put on thirty pounds of weight in about two months, looked like a pig, and was uncomfortable from shortness of breath. It then occurred to me that after one was all smelled up with beer nobody could tell what had been drunk, so I began to

fortify my beer with straight alcohol. Of course, the result was very bad, and that ended the beer experiment.

About the time of the beer experiment I was thrown in with a crowd of people who attracted me because of their seeming poise, health, and happiness. They spoke with great freedom from embarrassment, which I could never do, and they seemed very much at ease on all occasions and appeared very healthy. More than these attributes, they seemed to be happy. I was self conscious and ill at ease most of the time, my health was at the breaking point, and I was thoroughly miserable. I sensed they had something I did not have, from which I might readily profit. I learned that it was something of a spiritual nature, which did not appeal to me very much, but I thought it could do no harm. I gave the matter much time and study for the next two and a half years, but still got tight every night nevertheless. I read everything I could find, and talked to everyone who I thought knew anything about it.

My wife became deeply interested and it was her interest that sustained mine, though I at no time sensed that it might be an answer to my liquor problem. How my wife kept her faith and courage during all those years, I'll never know, but she did. If she had not, I know I would have been dead a long time ago. For some reason, we alcoholics seem to have the gift of picking out the world's finest women. Why they should be subjected to the tortures we inflict upon them, I cannot explain.

About this time a lady called up my wife one Saturday afternoon, saying she wanted me to come over that evening to meet a friend of hers who might help me. It was the day before Mother's Day and I had come home plastered, carrying a big potted plant which I set down on the table and forthwith went upstairs and passed out. The next day she called again. Wishing to be polite, though I felt very badly, I said, "Let's make the call," and extracted from my wife a promise that we would not stay over fifteen minutes.

We entered her house at exactly five o'clock and it was eleven fifteen when we left. I had a couple of shorter talks with this man afterward, and stopped drinking abruptly. This dry spell lasted for about three weeks; then I went to Atlantic City to attend several days' meeting of a national society of which I was a member. I drank all the scotch they had on the train and bought several quarts on my way to the hotel. This was on Sunday. I got tight that night, stayed sober Monday till after the dinner and then proceeded to get tight again. I drank all I dared in the bar, and then went to my room to finish the job. Tuesday I started in the morning, getting well organized by noon. I did not want to disgrace myself so I then checked out. I bought some more liquor on the way to the depot. I had to wait some time for the train. I remember nothing from then on until I woke up at a friend's

house, in a town near home. These good people notified my wife, who sent my newly made friend over to get me. He came and got me home and to bed, gave me a few drinks that night, and one bottle of beer the next morning.

That was June 10, 1935, and that was my last drink. As I write nearly four years have passed.

The question which might naturally come into your mind would be: "What did the man do or say that was different from what others had done or said?" It must be remembered that I had read a great deal and talked to everyone who knew, or thought they knew anything about the subject of alcoholism. But this was a man who had experienced many years of frightful drinking, who had had most all the drunkard's experiences known to man, but who had been cured by the very means I had been trying to employ, that is to say the spiritual approach. He gave me information about the subject of alcoholism which was undoubtedly helpful. Of far more importance was the fact that he was the first living human with whom I had ever talked, who knew what he was talking about in regard to alcoholism from actual experience. In other words, he talked my language. He knew all the answers, and certainly not because he had picked them up in his reading.

It is a most wonderful blessing to be relieved of the terrible curse with which I was afflicted. My health is good and I have regained my self-respect and the respect of my colleagues. My home life is ideal and my business is as good as can be expected in these uncertain times.

I spend a great deal of time passing on what I learned to others who want and need it badly. I do it for four reasons:

1. Sense of duty.
2. It is a pleasure.
3. Because in so doing I am paying my debt to the man who took time to pass it on to me.
4. Because every time I do it I take out a little more insurance for myself against a possible slip.

Unlike most of our crowd, I did not get over my craving for liquor much during the first two and one-half years of abstinence. It was almost always with me. But at no time have I been anywhere near yielding. I used to get terribly upset when I saw my friends drink and knew I could not, but I schooled myself to believe that though I once had the same privilege, I had abused it so frightfully that it was withdrawn. So it doesn't behoove me to squawk about it for, after all, nobody ever had to throw me down and pour liquor down my throat.

If you think you are an atheist, an agnostic, a skeptic, or have any other form of intellectual pride which keeps you from accepting what is in this book, I feel sorry for you. If you still think you are strong enough to beat the game alone, that is your affair. But if you really and

truly want to quit drinking liquor for good and all, and sincerely feel that you must have some help, we know that we have an answer for you. It never fails, if you go about it with one half the zeal you have been in the habit of showing when you were getting another drink.

Your Heavenly Father will never let you down!

ALCOHOLIC ANONYMOUS
NUMBER THREE

(From Alcoholics Anonymous, 1976)

One of five children, I was born on a Kentucky farm in Carlyle County. My parents were well-to-do people and their marriage was a happy one. My wife, a Kentucky girl, came with me to Akron where I completed my course in law at the Akron Law School.

My case is rather unusual in one respect. There were no childhood episodes of unhappiness to account for my alcoholism. I had, seemingly, just a natural affinity for grog. My marriage was happy and, as I have said, I never had any of the reasons, conscious or unconscious, which are often given for drinking. Yet, as my record shows, I did become an extremely serious case.

Before my drinking had cut me down completely, I achieved a considerable measure of success, having been a City Councilman for five years and a financial director of Kenmore, a suburb later taken into the city itself. But, of course, this all went up the spout with my strength.

The first time that I became intoxicated I was eight years old. This was no fault of my father or mother, as they were both very much opposed to drinking. A couple of hired hands were cleaning out the barn on the farm and I would ride to and fro on the sled, and while they were loading I would drink hard cider out of a barrel in the barn. On the return trip, after two or three loads, I passed out and had to be carried to the house. I remember that my father kept whiskey around the house for medical purposes and entertainment, and I would drink from this when no one was about and then water it to keep my parents from knowing I was drinking.

This continued until I enrolled in our state university and, at the end of the four years, I realized that I was a drunk. Morning after morning I would awake sick and with terrible jitters, but there was always a flask of liquor sitting on the table beside my bed. I would reach over and get this and take a shot and in a few moments get up and take another, shave and eat my breakfast, slip a half pint of liquor in my hip pocket, and go on to school. Between classes I would run down to the wash room, take enough to steady my nerves and then go on to the next class. this was in 1917.

I left the university in the latter part of my senior year and enlisted in the army. At the time, I called it patriotism. Later, I realized that I was running from alcohol. It did help to a certain extent, since I got in places where I could not obtain anything to drink, and so broke the habitual drinking.

Then Prohibition came into effect, and the facts that the stuff obtainable was so horrible and sometimes deadly,

and that I had married and had a job which I had to look after, helped me for a period of some three or four years, although I would get drunk every time I could get hold of enough to drink to get started. My wife and I belonged to some bridge clubs and they began to make wine and serve it. However, after two or three trials, I found this was not satisfactory because they did not serve enough to satisfy me. So I would refuse to drink. this problem was soon solved, however, as I began to take my bottle along with me and hide it in the bathroom or in the shrubbery outside.

As time went on my drinking became progressively worse. Away from my office two or three weeks at a time; horrible days and nights when I would lie on the floor of my home, lying awake and reaching over to get the bottle, taking a drink and going back into oblivion.

During the first six months of 1935, I was hospitalized eight times for intoxication and shackled to the bed two or three days before I even knew where I was.

On June 26, 1935, I came to in the hospital and to say I was discouraged is to put it mildly. Each of the seven times that I had left this hospital in the last six months, I had come out fully determined in my own mind that I would not get drunk again--for at least six or eight months. It hadn't worked out that way and I didn't know what the matter was and did not know what to do.

I was moved into another room that morning and there was my wife. I thought to myself, "Well, she is going to tell me this is the end," and I certainly couldn't blame her and did not intend to try to justify myself. She told me that she had been talking to a couple of fellows about drinking. I resented this very much, until she informed me that they were a couple of drunks just as I was. that wasn't so bad, to tell it to another drunk.

She said "You are going to quit." That was worth a lot even though I did not believe it. Then she told me that these two drunks she had been talking to had a plan whereby they thought they could quit drinking, and part of that plan was that they tell it to another drunk. this was going to help them to stay sober. All the other people that had talked to me wanted to help me, and my pride prevented me from listening to them, and caused only resentment on my part, but I felt as if I would be a real stinker if I did not listen to a couple of fellows for a short time, if that would cure them. She also told me that I could not pay them even if I wanted to and had the money, which I did not.

They came in and began to give me instruction in the program which later became known as Alcoholics Anonymous. There was not much of it at the time.

I looked up and there were two great big fellows over six foot tall, very likable looking. (I knew afterwards that the two who came in were Bill W. and Doctor Bob.)

Before very long we began to relate some incidents of our drinking, and , naturally, pretty soon, I realized both of them knew what they were talking about because you can see things and smell things when you're drunk, that you can't other times, and, if I had thought they didn't know what they were talking about, I wouldn't have been willing to talk to them at all.

After a while, Bill said, "Well, now, you've been talking a good long time, let me talk a minute or two." So, after hearing some more of my story, he turned around and said to Doc--I don't think he knew I heard him, but I did--he said, "Well, I believe he's worth saving and working on." they said to me, "Do you want to quit drinking? It's none of our business about your drinking. We're not up here trying to take any of your rights or privileges away from you, but we have a program whereby we think we can stay sober. Part of that program is that we take it to someone else, that needs it and wants it. Now, if you don't want it, we'll not take up your time, and we'll be going and looking for someone else."

The next thing they wanted to know was if I thought I could quit of my own accord, without any help, if I could just walk out of the hospital and never take another drink. If I could, that was wonderful, that was just fine, and they would very much appreciate a person who had that kind of power, but they were looking for a man that knew he had a problem, and knew that he couldn't handle it himself and needed outside help. The next question, they wanted to know was if I believed in a Higher Power. I had no trouble there because I had never actually ceased to believe in God, and had tried lots of times to get help but hadn't succeeded. The next thing they wanted to know was would I be willing to go to this Higher Power and ask for help, calmly and without any reservations.

They left this with me to think over, and I lay there on that hospital bed and went back over and reviewed my life. I thought of what liquor had done to me, the opportunities that I had discarded, the abilities that had been given me and how I had wasted them, and I finally came to the conclusion that if I didn't want to quit, I certainly ought to want to, and that I was willing to do anything in the world to stop drinking.

I was willing to admit to myself that I had hit bottom, that I had gotten hold of something that I didn't know how to handle by myself. So after reviewing these things and realizing what liquor had cost me, I went to this Higher Power which, to me was God, without any reservation, and admitted that I was completely powerless over alcohol, and that I was willing to do anything in the world to get rid of the problem. In fact, I admitted that from now on I was willing to let God take over, instead of me. Each day I would try to find out what His will was,

and try to follow that, rather than trying to get Him to always agree that the things I thought of myself were the things best for me. So, when they came back, I told them.

One of the fellows, I think it was Doc, said, "Well, you want to quit?" I said, "Yes, Doc, I would like to quit, at least for five, six, or eight months, until I get things straightened up, and begin to get the respect of my wife and some other people back, and get my finances fixed up and so on." And they both laughed very heartily, and said, "That's better than you've been doing, isn't it?" Which of course was true. They said, "We've got some bad news for you. It was bad news for us, and it will probably be bad news for you. Whether you quit six days, months, or years, if you go out and take a drink or two you'll end up in this hospital tied down, just like you have been in these past six months. You are an alcoholic." As far as I know that was the first time I had ever paid any attention to that word. I figured I was just a drunk. And they said, "No, you have a disease, and it doesn't make any difference how long you do without it, after a drink or two you'll end up just like you are now." That certainly was real disheartening news, at the time.

The next questions they asked was, "you can quit twenty-four hours, can't you?" I said, "Sure, yes, anybody can do that, for twenty-four hours." They said, "That's what we're talking about. Just twenty-four hours at a time." That sure did take a load off of my mind. Every time I'd start thinking about drinking, I would think of the long, dry years ahead without having a drink; but this idea of twenty-four hours, that it was up to me from then on, was a lot of help.

It was in the next two or three days after I had first met Doc and Bill, that I finally came to a decision to turn my will over to God and to go along with this program the best that I could. Their talk and action had instilled me with a certain amount of confidence, although I was not too absolutely certain. I wasn't afraid that the program wouldn't work, but I still was doubtful whether I would be able to hang on to the program, but I did come to the conclusion that I was willing to put everything I had into it, with God's power, and that I wanted to do just that. As soon as I had done that I did feel a great release. I knew that I had a helper that I could rely upon, who wouldn't fail me. If I could stick to Him and listen, I would make it. Then I remember when the boys came back, that I told them, "I have gone to this Higher Power and I have told Him that I am willing to put His world first, above everything. I have already done it, and I am willing to do it again here in the presence of you or I am willing to say it any place, anywhere in the world from now on and not be ashamed of it." And this, as I said, certainly gave

me a lot of confidence, seemed to take a lot of the burden off me.

I remember telling them too that it was going to be awfully tough, because I did some other things, smoked cigarettes and played penny ante poker, sometimes bet on the horse races and they said, "Don't you think you're having more trouble with this drinking than with anything else at the present time? Don't you believe you are going to have all you can do to get rid of that?" I said, "Yes," reluctantly, "I probably will." They said, "Let's forget about those other things, that is trying to eliminate them all at once, and concentrate on the drink." Of course, we had talked over quite a number of the failings that I had and made a sort of an inventory, which wasn't too difficult, Because I had an awful lot of things wrong that were very apparent to me, because I knew all about them. Then they said, "There is one other thing. You should go out and take this program to somebody else that needs it and wants it."

Of course, by this time, my business was practically non-existent. I didn't have any. Naturally, for quite a time, I wasn't too well physically, either. It took me a year, or a year and a half to get to feeling physically well, and it was rather tough, but I soon found folks whose friendship I had once had, and I found, after I had been sober for quite some little time, that these people began to act like they had in previous years, before I had gotten so bad, so that I didn't pay too awful much attention to financial gains. I spent most of my time trying to get back these friendships, and to make some recompense towards my wife, whom I had hurt a lot.

It would be hard to estimate how much A.A. has done for me. I really wanted the program and I wanted to go along with it. I noticed that the others seemed to have such a release, a happiness, a something that I thought a person ought to have. I was trying to find the answer. I knew there was even more, something that I hadn't got, and I remember one day, a week or two after I had come out of the hospital, Bill was over to my house talking to my wife and me. We were eating lunch, and I was listening and trying to find out why they had this release that they seemed to have. Bill looked across at my wife, and said to her, "Henrietta, the Lord has been so wonderful to me, curing me of this terrible disease, that I just want to keep talking about it and telling people."

I thought, "I think I have the answer." Bill was very, very grateful that he had been released from this terrible thing and he had given God the credit for having done it, and he's so grateful about it he wants to tell other people about it. That sentence, "The Lord has been so wonderful to me, curing me of this terrible disease,

that I just want to keep telling people about it," has been a sort of a golden text for the A.A. program and for me.

Of course, as time went on, and I began to get my health back and began to be so I didn't have to hide from people all the time, it's just been wonderful. I still go to meetings, because I like to go. I meet the people that I like to talk to. Another reason that I go is that I'm still grateful for the good years that I've had. I'm so grateful for both the program and the people in it that I still want to go, and then probably the most wonderful thing that I learned from the program--I've seen this in the 'A.A. Grapevine' a lot of times, and I've had people say it to me personally, and I've heard people get up in meetings and make the same statement: The statement is, "I came into A.A. solely for the purpose of sobriety, but it has been through A.A. that I have found God."

I feel that is about the most wonderful thing that a person can do.

THE FUNCTIONS OF NARRATIVE FOR THE
INDIVIDUAL IN ALCOHOLICS ANONYMOUS

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B.S., Kansas State University, 1984

AN ABSTRACT OF A THESIS

submitted in partial fulfillment of the

requirements for the degree

MASTER OF ARTS

Department of Speech

KANSAS STATE UNIVERSITY
Manhattan, Kansas

1988

Present narrative theory asserts that humans are storytellers and that narrative shapes the individual's view of himself and his environment. Through narrative, a culture expresses its values and suggests appropriate behavior. By studying narrative, we may begin to understand how we act. This thesis proposes that within the culture of Alcoholics Anonymous, narrative serves a range of needs for individual members.

The method used entailed the analysis of 56 A.A. life-story narratives from that of a co-founder to those of contemporary members. The stories are usually in chronological order; detail the drinkers' alcoholism, demise, and recovery; and are almost devoid of allusion, metaphor, or other literary devices.

The narratives' functions were classified into the following typology according to the needs they served: 1) Identification, 2) Edification, 3) Affiliation, 4) Purification, 5) Renewal.

This typology suggests the functions of narrative with respect to the needs of A.A. members. The validity of the typology may be quantified in a later study by polling the A.A. members themselves to discover their perceived needs and motivations for participating in A.A. narrative acts.